



THE BELIZE VALLEY ARCHAEOLOGICAL RECONNAISSANCE PROJECT

Belize Valley Archaeological Reconnaissance Project Out of State/Country Acceptance, Release and Waiver

I, the undersigned, have been approved to participate in the Belize Valley Archaeological Reconnaissance project (BVAR) to which I have applied. I do hereby accept my participation in such and understand that I am accountable for all program fees. I realize that an official hold may be placed on my records until all payment responsibilities are fulfilled. In addition, I understand that I must adhere to all policies outlined by BVAR.

The program may combine classroom study with out-of-classroom learning in the form of assignments, projects, and field trips. I have the opportunity to gain academic credit through participation in the program and agree that:

I. Conditions for Enrollment

A. PERSONAL CONDUCT – BVAR and its staff, agents or representatives have the authority to establish rules of conduct necessary for the operation of the program during the entire period of the program, including free time. Should an official representative of BVAR decide that a participant must be separated from the program because of violation of stated rules, for disruptive behavior, use of illegal drugs or for any conduct that might bring the program into disrepute or its participants into legal jeopardy, that decision will be final. *Separation from the program will result in the loss of all academic credit. Persons dismissed from the program will remain responsible for all program fees.*

B. BEHAVIORAL RESPONSIBILITIES – I am aware of the expected behavioral responsibility while participating in the program. As a guest in a foreign country, there are certain behaviors which are considered unacceptable and could lead to possible disruption of the program. I hereby assure BVAR that I will conduct myself in an appropriate manner which does not infringe upon the customs and mores of the country in which the program is being conducted, nor upon the rights of other participants of the program. Behavioral responsibilities shall be applicable during the program both when in the company of other program participants and when I am physically separated from other program participants. In addition, I must adhere to all policies outlined by BVAR.

- 1. ILLEGAL DRUG USE** – The use of illegal or unauthorized drugs during the entire period of the program, including free time, is strictly prohibited. U.S. citizens in a foreign country are subject to the laws of that country. The U.S. Embassy cannot obtain release from jail for a U.S. citizen and can only aid in obtaining legal assistance. There is no Canadian Embassy in Belize. Illegal activities place not only the individual but the group and program in jeopardy. The consequences of illegal or unauthorized drug use during the program include immediate expulsion from the program, loss of all course credit and full payment of the program fee.

2. **INVOLUNTARY WITHDRAWAL** – I acknowledge that all expenses occasioned by my involuntary withdrawal from the program shall be the sole and exclusive financial responsibility of myself.
3. **RESPONSIBILITY DURING FREE TIME** – I understand that during free time before, during, and after the period of the program, I may elect to travel independently and/or remain at my own expense. I agree to inform an official representative of BVAR of any such plans and understand that BVAR, nor its staff, agents or representatives are responsible for me while I am traveling or remaining independently during such time.

C. MEDICAL RESPONSIBILITY – I acknowledge that there are certain risks inherent in travel and that BVAR cannot assume responsibility for the provision of medical services to its students or the payments therefore. I agree to consult with a medical doctor in regards to medical issues or needs I may have. Further, I am aware that BVAR cannot be responsible for attending to any of my medical needs. I am aware that, should I be required to be hospitalized during the program, BVAR cannot and does not assume legal responsibility for payment of such costs; rather, I assume all risks and responsibilities therefore and that I have adequate insurance to meet any and all needs for payment of hospital costs during the program.

D. HEALTH INSURANCE COVERAGE – I understand that I am required to have adequate health, accident, disability and hospitalization insurance to cover myself during participation in the program. The insurance policy must include medical evacuation and repatriation of remains. I recognize that BVAR has no obligation to provide any form of insurance and that it is my responsibility to make sure that my policy will be in effect for the entire period of my study abroad program and that its coverage is valid outside of my home country.

E. CONSENT TO EMERGENCY MEDICAL TREATMENT – While participating in the program, I acknowledge that on rare occasions an emergency may develop which necessitates the administration of medical care, hospitalization or surgery. I have fully described any physical or psychological problems I may have on the Medical History form. In the event of illness or injury to me, I authorize any official representative of BVAR to secure medical treatment on my behalf, including surgery and the administration of an anesthetic, and I accept all financial responsibility for such treatment.

F. CANCELLATION – I have read the BVAR Cancellation and Refund Policy and understand that I will be held accountable for all program fees. Cancellation is effective from the date postmarked on the written notice, or the date stamped as received in the programs offices. After such notice, I will be liable for all portions of the program fee corresponding to non-recoverable costs. No refunds will be made in the event of dismissal from a program.

G. GENERAL RELEASE AND LIABILITY WAIVER – I release, discharge, and agree not to sue the Belize Valley Archaeological Reconnaissance Project, and their directors, officers, employees and agents from all claims, demands, actions and causes of action arising out of any loss or damage to my property and any injury, including death, that I may sustain, whether or not caused by the negligence of the Releasees, while participating in the trip, or while in transportation to and from the destination, including but not limited to claims arising from any transportation service or living accommodation and arising from weather, illness, quarantine, government rules, war, riots, strikes.

H. INDEMNIFICATION – I shall indemnify and hold harmless the Belize Valley Archaeological Reconnaissance Project, and their directors, officers, employees and agents from any and all claims, demands and causes of action and all expenses incidental thereto (including reasonable attorney's fees), based upon or arising out of any personal injury (including death), property damage or loss caused by or resulting from my acts or omissions during enrolment in the program.

I. PROGRAM CANCELLATION AND WITHDRAWAL – I understand that BVAR reserves the right to decline any application or cancel any program without notice, in which event all monies paid will be refunded in full.

J. LIVING ARRANGEMENTS – I acknowledge that housing accommodations vary from one location to another. Because of the nature of the actual arrangements with the institutions and organizations abroad, I may not be free to make my own private living arrangements. Students accepted for enrolment in a BVAR program agree to accept the housing provided by the host institution, whether it be a university dormitory, apartment, hotel, camp or with a private family. Every effort will be made to accommodate my preference, and I understand this can be done only within the limits of the available housing.

K. PERSONAL TRAVEL –BVAR programs are not travel tours. While travel during free time can be educational in itself, BVAR does not grant academic credit for travel. The programs are strictly academic in nature. I understand that personal travel must not conflict with the regular class schedule, and that I am responsible for making personal travel plans which will permit me to attend all regularly scheduled classes and field trips.

I UNDERSTAND AND ACCEPT EACH OF THE ABOVE CONDITIONS

Signature of Participant: _____

Date: _____

Name (please print): _____

Program Location (site) _____

Dates of the Program: _____

If the above signed is not of legal age at the date of signing, the following statement must also be signed by the participant's parent or legal guardian.

As the parent or legal guardian of the participant whose signature appears above, I have read and understand the conditions outlined above, have given my child or ward permission to participate in the program, and agree to be bound by the conditions outlined above as if I myself had signed above.

Signature of Parent/Legal Guardian: _____

Date: _____

Permission to Release Information

MUST BE COMPLETED BY ALL APPLICANTS

Student's Name: _____

E-Mail Address: _____

Program: _____

Academic Program Director: _____

If necessary please contact:

Name: _____

Relation: _____

Telephone numbers (give as many telephone numbers as you can such that someone can be reached 24 hours a day if needed) _____

Email: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

I voluntarily give consent for the Belize Valley Archaeological Reconnaissance Project to disclose personally identifiable information pertaining to my participation and subsequent enrollment in the program listed above.

Student's Signature: _____ **Date:** _____

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I decline the option to release information.

Student's Signature: _____ **Date:** _____

Travel/Study Program General Release

Participant:

Destination:

Dates:

Releasees:

The Belize Valley Archaeological Reconnaissance Project, and all directors, employees, agents, and officers for these entities, in their official and personal capacities.

Release:

In consideration for facilitating my participation in the trip described above, I release, discharge, and agree not to sue Releasees for any claims, demands, actions and causes of action arising out of any loss or damage to my property and any injury, including death, that I may sustain, whether or not caused by the negligence of the Releasees, while participating in the trip, or while in transportation to and from the destination.

Risks:

To the best of my knowledge, I can participate in this activity. I am aware of the risks and hazards connected with the activity, and I elect to participate voluntarily and engage in this activity knowing that the activity may be hazardous to me and my property. I voluntarily assume full responsibility for property loss or damage, and for personal injury, including death, which I may sustain as a result of being engaged in this activity, whether or not caused by the negligence of Releasees.

Indemnity:

I also agree to indemnify and hold harmless the Releasees from any loss, liability, damage or costs, including court costs and attorney's fees that they may incur resulting from my acts or omissions during enrolment in the program. For example, I specifically agree to indemnify and hold harmless the Releasees from losses they may incur as a result of my injuring another person or damaging another person's property while participating in the trip.

Safety:

I give the Belize Valley Archaeological Reconnaissance Project, or any of their agents, authority to take whatever action that they determine advisable regarding my safety and health.

Standards:

I agree that the Belize Valley Archaeological Reconnaissance Project may terminate my participation in the program if I fail to maintain the program's standards or if the Belize Valley Archaeological Reconnaissance Project determines that my conduct is detrimental to the welfare of the group/program. If my participation in the program is terminated, I will remain responsible for all program fees.

Intent:

I intend that this general release and indemnity agreement bind not only me, but also my heirs, assigns, and personal representatives. I intend this as a release, discharge, indemnity and promise not to sue the Releasees.

Free Act:

I acknowledge having read this agreement. I understand it and I sign it voluntarily as my own free act. No representations, statements, or inducements, apart from those stated in this agreement, have been made. I sign this agreement after having received adequate consideration, intending to be bound by it.

Participant's Signature: _____

Date: _____